

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214525149					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: General Mills Sales, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1930025</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000	
CLASS	AUTHORIZED						
COMMON	10,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: NUMBER ONE GENERAL MILLS BOULEVARD</p> <p style="text-align: center;">CITY/ST/ZIP: MINNEAPOLIS, MN 55426</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHAWN P O'GRADY TITLE: PRESIDENT ADDRESS: ONE GENERAL MILLS BLVD CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55426 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SHAWN P O'GRADY TITLE: PRESIDENT ADDRESS: ONE GENERAL MILLS BLVD CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55426	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	CAM C. HOANG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	CHRISTOPHER A. RAUSCHL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	DAVID J. WURM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	DAVID V. CLARK, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	DONZEL A. LEGGETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	GERALD J. MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	KATHRYN K. GARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	KOFI A. BRUCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	LOHR LESUEUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	LONNIE L. NOBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		
NAME:	MARK A. WILHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Number One General Mills Blvd		
CITY/ST/ZIP/CO:	Minneapolis, MN 55426		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JOHANNA EKMAN VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. NORDSTROM VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL S. BRACKIN VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J. HOSFIELD VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT B. POLANSKY ASST TREASURER Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN N. WALKER VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J. FIELDHOUSE VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD J. LEIDAH VICE PRESIDENT Number One General Mills Blvd Minneapolis, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GERALD J.MORRIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		GERALD J.MORRIS, PRINTED NAME AND CORPORATE TITLE	
		5/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			